PLEASE TYPE OR	PRINT	Entered prev	vious May Show
		yes	□ no
Ms.		-	_
☐ Mr. Artist	ISA	Diet	-Z
Permanent	Ca.	6	(Last Name Last)
Permanent Address 102	CRAVER	2 Ave	GIRARD
Street			City
44420	Tel. (216)	545-38	68
Zip	Area Code		
Temporary or Studio Address			
Stre	et		City
	Tel. (		
Zip	Area Code		
If you do not prese Western Reserve, w Collaborator			
Collaborator	(If Any)		
If May Show entrie	s are not acc	ented or not so	old.
Artist will pick		•	0,0,
☐ Museum should			
☐ Museum should		et C O D at th	is address:
Li Wascam should		ot C.O.D. at th	is address.
Special Instructions			
When necessary inc	lude below i	nstructions or	a drawing of
how the object is to			
		,	

This entry

> DO NOT DETACH

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

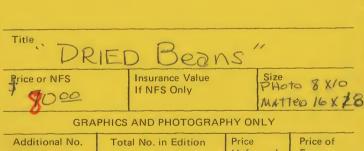
The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Lisa Diety

4	☐ 1. Paintings	☐ 2. Graphics	123.	Photography
	☐ 4. Sculpture			

Materials PHOTO

-	Title 、	1.16	ALL"					
-	Price or NFS	•	Insurance Value if NFS Only		Size Photo 8X10 MATTED 16X 16			
	Additional No. For Sale		Total No. in Edition		Price Unframed		Price of Frame	
			O NOT WRITE IN THIS SECTION			ACCEPTED		
	REJECTED					R	EJECTED	
DETACH	2 ☐ 1. Paintings ☐ 2. Graphics ☒3. Photography ☐ 4. Sculpture ☐ 5. Crafts							
DET	Materials PH	oto						



GRAPHICS AND PHOTOGRAPHY ONLY								
Additional No. For Sale		Total No. in Edition		Price Unframed		Price of Frame		
ACCEPTED		O NOT	WRITE IN	ACC	EPTED	F 3	Z3	VED BR
REJECTED		11	(2)	REJ	ECTED		DATE	

